

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-027187

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 31 Primary Registration District No. 4040 Registrar's No. 17

FILED AUG 6 1963

1. PLACE OF DEATH a. COUNTY <u>Benton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>BENTON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cole Camp.</u>		c. CITY OR TOWN <u>COLE CAMP</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>PINE ST.</u>		d. STREET ADDRESS (If outside, give location) <u>PINE ST.</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>GEORGE</u> Middle <u>GILLIAM</u> Last <u>GILLIAM</u>			4. DATE OF DEATH Month <u>July</u> Day <u>26</u> Year <u>1963</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3-5-1892</u>	9. AGE (last birthday) <u>71 YRS.</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MACHINIST</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RAIL-ROAD</u>		11. BIRTHPLACE (City and state or country) <u>ROGERSVILLE, VIRGINIA</u>	
12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>		13a. FATHER'S NAME <u>CLABE GILLIAM</u>		13b. MOTHER'S MAIDEN NAME <u>MARY JANE FORD</u>	
14. NAME OF HUSBAND OR WIFE <u>FAYE GILLIAM</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES</u> <u>WORLD WAR I</u>			
16. INFORMANT <u>A.E. GILLIAM, TRAVIS A.F.B., CALIF.</u>				Address	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Circulatory Failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>minutes</u>
DUE TO (b) <u>Coronary Thrombosis</u>		
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>was found dead in bed by Clayton Smart</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>who went to check on him from</u>	
20c. TIME OF INJURY Hour <u>9:00</u> a.m. <u>p.m.</u> Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Advise of Neighbor</u>		20f. CITY, TOWN, OR LOCATION <u>Cole Camp</u>	20g. COUNTY <u>Benton</u>
20h. STATE <u>MO</u>		21. I attended the deceased from <u>never</u> to <u>never</u> and last saw him live on <u>never</u> Death occurred at <u>9:00</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.	

22. SIGNATURE (Degree or title) <u>John J. Reser (Benton Co Coroner)</u>	22b. ADDRESS <u>Warsaw, Mo</u>	22c. DATE SIGNED <u>July 30, 1963</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>8-1-1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>HIGHLAND MEMORIAL GARDENS</u>
23d. LOCATION (City, town, or county) <u>SEALIA</u>	23e. STATE <u>MO</u>	

24. FUNERAL DIRECTOR <u>CHARLES F. FOX COLE CAMP, MO.</u>	25. DATE RECD. BY LOCAL REG. <u>7-31-63</u>	26. REGISTRAR'S SIGNATURE <u>E L Eickhoff</u>
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(Licensed Embelmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 7 1963

MAR 13 1964

STATEMENT BY LICENSED EMBALMER

7-09

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Charles F. Jol

Licensed Embalmer No.

4610

P. O. Address

Bole CAMP, MO.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.